



State Employees' Charitable Campaign  
**CAMPAIGN REPORT ENVELOPE**  
MAXIMUM 50 FORMS PER ENVELOPE

**FOR CAMPAIGN ADMINISTRATORS  
USE ONLY**

Pick Up/Drop Off: \_\_\_\_/\_\_\_\_/2012

UWD Representative: \_\_\_\_\_

UWD Andar Number: \_\_\_\_\_

**PLEASE COMPLETE:**

DEPARTMENT: \_\_\_\_\_

DDS CODE: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

NAME OF CAPTAIN: \_\_\_\_\_

PHONE NUMBER OF CAPTAIN:: \_\_\_\_\_

EMAIL OF CAPTAIN: \_\_\_\_\_

**Please complete for ENCLOSED pledges only. Do not include ePledge donations.**

Pledge Summary	# Of Donors	Total Contributions	Payments Enclosed
<b>Payroll Deduction</b> <i>(Enclose Slips &amp; Recap)</i>		\$	
<b>Cash/Check Pledges</b> <i>(Enclose \$, Slips &amp; Recap)</i>		\$	\$
<b>Special Events</b> <i>(Enclose \$, Slips, &amp; Recap)</i>		\$	\$
<b>Total Contributions</b> <i>(Total All Lines Across)</i>		\$	\$

**VERIFICATION SIGNATURE OF TWO COUNTERS REQUIRED**

The undersigned certify these funds were received and properly accounted for:

Chair: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2012

Captain: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2012

HRM's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2012

HRM's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2012

**Please Keep a Copy for Your Records**

**IMPORTANT REMINDER**

Deliver All Kent County and Sussex County Envelopes  
To Laura Gott at the Haslet Armory (Dover)  
Deliver All New Castle County Envelopes  
To Jamee Boone at United Way (Wilmington)  
In All Instances, Please Schedule A Pick Up Or Drop  
Off. Do Not Just Leave An Envelope With  
Receptionist. Thank You.